

BadgerCare Plus Fee Schedule for School-Based Services

Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible members.

This fee schedule contains the following information:

Procedure Code — The procedure code recognized by BadgerCare Plus to identify the service provided.

Description — A description of the procedure code.

Modifier and Modifier Description — The modifier recognized by BadgerCare Plus and the description of the modifier.

Contracted Rate — The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).

Reimbursement (Federal Share) — The federal share of the contracted rate. This is the amount paid per unit by BadgerCare Plus.

The fee schedule does not address the various coverage limitations routinely applied by BadgerCare Plus before final payment is determined (e.g., member and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the BadgerCare Plus maximum allowable fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst
Division of Health Care Access and Accountability
School-Based Services
PO Box 309
Madison WI 53701-0309

Procedure Codes for School-Based Services on and After July 1, 2008
(Valid for Dates of Service on and After July 1, 2008)

Procedure Code	Description	Modifier and Modifier Description	Contracted Rate	Reimbursement Amount SBS Providers Will Receive 7/1/08 to 9/30/08	Reimbursement Amount SBS Providers Will Receive on and After 10/1/08
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, and/or auditory processing	TM — Individualized education program (IEP)	\$28.36	\$9.80	\$10.10
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	TM — Individualized education program (IEP)	\$28.36	\$9.80	\$10.10
92508 with modifier "TM"	group, 2 or more individuals	TM — Individualized education program (IEP)	\$9.37	\$3.24	\$3.34
97110 with modifiers "TM" and "GO"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP)	\$24.56	\$8.49	\$8.75
		GO — Services delivered under an outpatient occupational therapy plan of care			
97150 with modifiers "TM" and "GO"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$8.10	\$2.80	\$2.89
		GO — Services delivered under an outpatient occupational therapy plan of care			
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$24.56	\$8.49	\$8.75
97110 with modifiers "TM" and "GP"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP)	\$28.43	\$9.83	\$10.13
		GP — Services delivered under an outpatient physical therapy plan of care			

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Procedure Code	Description	Modifier and Modifier Description	Contracted Rate	Reimbursement Amount SBS Providers Will Receive 7/1/08 to 9/30/08	Reimbursement Amount SBS Providers Will Receive on and After 10/1/08
97150 with modifiers "TM" and "GP"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$9.39	\$3.25	\$3.35
		GP — Services delivered under an outpatient physical therapy plan of care			
97001 with modifier "TM"	Physical therapy evaluation	TM — Individualized education program (IEP)	\$28.43	\$9.83	\$10.13
T1024 with modifier "U2"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U2 — Individual IEP, psychological service	\$25.33	\$8.76	\$9.02
T1024 with modifier "U3"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U3 — Group IEP, psychological service	\$8.35	\$2.89	\$2.97
T1024 with modifier "U1"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U1 — M-team assessment and IEP, psychological service	\$25.33	\$8.76	\$9.02

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Procedure Code	Description	Modifier and Modifier Description	Contracted Rate	Reimbursement Amount SBS Providers Will Receive 7/1/08 to 9/30/08	Reimbursement Amount SBS Providers Will Receive on and After 10/1/08
T1024 with modifier "U5"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U5 — Individual IEP, counseling service	\$24.30	\$8.40	\$8.66
T1024 with modifier "U6"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U6 — Group IEP, counseling service	\$8.02	\$2.77	\$2.86
T1024 with modifier "U4"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U4 — M-team assessment and IEP, counseling service	\$24.30	\$8.40	\$8.66
T1024 with modifier "U8"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U8 — Individual IEP, social work service	\$24.42	\$8.44	\$8.70

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T1024 with modifier "U9"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U9 — Group IEP, social work service	\$8.06	\$2.79	\$2.87
T1024 with modifier "U7"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U7 — M-team assessment and IEP, social work service	\$24.42	\$8.44	\$8.70
T1002 with modifier "TM"	RN* services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	\$7.08	\$7.30
T1003 with modifier "TM"	LPN/LVN** services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	\$7.08	\$7.30
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$20.48	\$7.08	\$7.30
T2003 with modifier "TM"	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$16.52	\$5.71	\$5.89
A0425 with modifier "TM"	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.77	\$1.30	\$1.34

* RN = Registered Nurse.

** LPN/LVN = Licensed Practical Nurse/Licensed Vocational Nurse.